



This form is used to indicate your interest in being considered for other City positions assigned your current classification and employment type (full-time, part-time, limited, regular, etc.). Once your name is added to the Transfer List, it will be included with any other names forwarded to City departments for consideration when filling a vacancy for your classification and employment type. Your name will remain on the list for one (1) year from the date you submit this form to the Civil Service Commission. Please note: It is your responsibility to notify the Civil Service Commission of any change in name, address, phone number or work status so that we may provide requesting divisions accurate information.

Questions regarding this process may be directed to the Applicant and Employees Services Unit at (614) 645-8369.

Employee Data							
Date:				Social Security Number:			
Name:							
Address:							
City			State:	Ohio	Zip Code:		
Home Phone:			Work Phone:				
Current Position Data							
Present City Depart							
Present Job Classification:							
Is your current position:		☐ Full-time	or		☐ Part-time		
		Regular	or		Limited		
Employee Signature:					Date:		
		21 11 2 1 1					
	For	Civil Service (	Commissio	on Use (	Only		
Department/Division:			Appointment/Employment Type:				
Request Approved:	☐ Yes	□ No I	nitials: _		Date:		